

Tobacco Revenue, Use Spending and Tracking Commission
August 10, 2005
Arizona Department of Health Services
1740 West Adams Avenue, 4th Floor – Conference Room 411
Phoenix, Arizona 85007

MINUTES

Members Present: Matthew Madonna – Chairman
Linda Bailey
Shelly Hall
Keith Kaback
Babak Nayeri
Librado M. Ramirez
Dana Russell
Hugh Miller
Kelly Hsu
Benton Davis

ADHS Staff: Rose Conner – Assistant Director
Danny Valenzuela – Deputy Director
Patricia Tarango – Office Chief
Meryl Salit – Statewide Programs Administrator
Teresa Koehler – Administrative Assistant

Presenters: Patricia Tarango – Office of Tobacco Education and Prevention Program
Bob Leischow – Preventive Health Services
Janet Bourbouse – Office of Chronic Disease Prevention and Nutrition

Public Attendees: Shannon Harper – American Heart Association
Donna Beedle – Maricopa County Public Health
Lynne Smith – American Cancer Society

Call to Order

Mr. Madonna, TRUST Commission Chairman, called the meeting to order at 10:10 am ... welcome and introduction of all TRUST members. Reviewed agenda: the staff's recommendation of the priorities and provided an explanation of the guidelines on commentary by the public. Explained to public attendees the procedure related to the "Speaker's Slip". The public commentary section is limited to five minutes and that time is divided up between the number of individuals wishing to speak.

Approval of Minutes

Mr. Madonna - Motion to approve the minutes of July 13, 2005. Motion carried.

Chairman s Report

Mr. Madonna – Reminded everyone that the second Wednesday of every month would be the TRUST regularly scheduled meeting date; the next meeting is September 14, 10:00 am to 2:00 pm. Chairman stated rules of non-member participation. Members of the audience, especially Department of Health Services (DHS) staff and members of the contractors who are in the audience may be called on periodically to provide information and/or expertise on a specific issue, otherwise members of the audience who wish to make any points must register for time during the public commentary section of the agenda.

Office Chief s Report

Ms. Tarango – Requested input on specific items to include in the Office Chief’s Report. At a minimum the report can include a financial section, staffing updates, and program highlights. Discussion regarding financials included revenues, expenses, adding a projection section, maintain traditional financial statement format ... projected verses actuals and a variance explanation.

Dr. Miller - Suggested a quarterly financial report verses a monthly. In that advisory capacity, I would think that what we would want to be looking at is ... are the goals of tobacco control as it is related to TEPP being met by the quarterly allocation of resources.

Ms. Tarango – Agreed discussion on a quarterly basis makes more sense; having the larger quarterly report discussions will allow you to recommend changes if you see a significant change from quarter to quarter. We will take a shot at something for next month.

Mr. Madonna – Requested that if trends are included on a monthly basis or a quarterly basis that TEPP Office Chief point them (the trends) out.

Mr. Davis – Agreed ... quarterly makes perfect sense.

Mr. Russell – Suggested that the next step is to see how the projects are doing out in the field? Are we meeting needs? Are there more needs than what we projected before? Maybe there is a program that is catching fire and going really well and to evaluate the programs that are not doing very well. How do we tie it in and where is the safety value for that? I think those discussions will come as we look at the fluctuations.

Mr. Madonna – Asked Ms. Tarango if she received enough feedback regarding the financials?

Ms. Tarango – Replied yes, and continued with her update that included organizational changes, program highlights, and a discussion period. During program highlights, E.B. Lane and marketing was discussed, as well as the Youth Tobacco Survey. Ms. Tarango asked the members if they would care to review the report.

Mr. Ramirez – Stated that because tobacco is our target, how can we not review this survey? It should be a mandate. We need to be knowledgeable on everything that you are doing here.

Mr. Madonna – Stated that the consensus seems to be yes; we want to review the Youth Tobacco Survey Report.

Ms. Tarango – Informed the members of the TEPP Quarterly Contractor's meeting.

Mr. Madonna – Requested that a reminder be sent to him regarding the Quarterly Contractors' meeting.

Ms. Tarango – Continued with questions regarding video conferencing. Video conferencing is available; four week notice with a two-hour limit. There is no limit with telephone conferencing.

Mr. Russell – Extended an invitation to the group to visit Flagstaff.

Mr. Ramirez – Extended an invitation to the group to do the same and stated that to represent the state you have to travel the state.

Ms. Hall – Suggested that if the members do decide to do that the meetings should be linked to a site visit or having a contractor from the area talk to us about their special issues.

Mr. Madonna – Requested that an item to discuss travel and site visits be added to the agenda for September to answer the question: Does the commission feel an obligation to travel around the state and what kind of audience, increase/decrease?

Dr. Miller – Asked if the video conferencing can be split into 2-two hour sessions with two hours before lunch and two hours after lunch.

Mr. Ramirez – Answered by saying that if the video conferencing doesn't work, that they can set up for the telephone conferencing for next month.

Mr. Madonna – Suggested that the group try a telephone conference for September.

Mr. Ramirez – Replied saying that the travel issues still needs to be discussed.

Mr. Madonna – Confirmed ... yes, add an agenda item for next meeting to discuss and resolve the video and telephone conferencing, and with the travel or not-travel including site visits issues.

Ms. Tarango – Continued with explaining the next item ... parking. New security contract is preventing us from allow members permission to park in the upper levels of the covered parking. And they do not want us to pre-register or interfere with any of the security procedures.

Mr. Madonna – Stated that the parking issue is not resolved yet and asked Ms. Tarango to speak with Danny Valenzuela?

Lunch 11:37am

Meeting continuation at 12:10pm

Ms. DeMarie **Physical Activity Break** 10 minute

Mr. Madonna Announced Mr. Leischow from Chronic Disease Control to provide the Chronic Disease contract update.

Chronic Disease Contracts Update

Mr. Leischow – Informed the members about the transition from year one to year two regarding the contracts: 1. Waiting for the new ones to come back 2. The year two contracts are set to expire June 30, 2006 and asked if the members would like to have the contractors come in to do their own presentation to give them a better understanding the process.

Mr. Madonna – Motioned ... would the group like to have the contractors come in? Motioned carried.

Mr. Leischow – Asked when the contractors' presentations could begin.

Mr. Madonna – Replied that September is full.

Mr. Leischow – Answered October is fine and announced that there are nine contracts. Mr. Leischow recommended at least two maybe three per meeting until all have presented.

Mr. Madonna – Agreed that least two should present per meeting.

Dr. Miller – Asked if the members can define what information they want to have presented? What are the deliverables? Where are they? What is their evaluation of the project? What are there weaknesses? What are their strengths? We don't want a sales pitch.

Mr. Leischow Explained that the contracts are designed by scope of work, their parameters are defined by particular goals, objectives and everyone who received funding had to adhere to a particular evaluation plan so all of them have process and outcome measures to report on and so the details are there.

Mr. Madonna – Announced that starting in October, three contractors a month would present and each would have twenty minutes.

Mr. Leischow – Commented that the presentations will be kept together by category.

Mr. Leischow – Introduced Janet Bourbouse.

Chronic Disease Plan Priorities and Update

Ms. Bourbouse – Explained the categorical plans and priorities and provided handouts, a document regarding cultural competence, specifically, the fourteen standards of cultural competence specific to healthcare.

Mr. Madonna – Requested that a presentation on cultural competence be prepared for the September meeting.

Ms. Bourbouse – Announced the kickoff meeting ... October 19. Ms. Bourbouse responded to an item from the August meeting regarding stress and how stress fits into Chronic Disease as a risk factor and recommended that stress not be added that at this time.

Mr. Leischow – Stated that stress has not been picked up as a major risk factor.

Mr. Madonna – Asked whether or not it should? Is it advisable? Is there anyone within the health department that we could call? Is it a behavioral health issue? I don't know? Who owns stress? As a topic?

Ms. Bourbouse Replied that she was not aware of anybody.

Ms. Bailey – Commented that mental health might know; however, questioned whether there is an evidence basis about effective interventions.

Mr. Ramirez – Replied ... that no one has tied into it yet.

Mr. Madonna – Motioned ... that the group was satisfied and it is time to move on. Motioned carried.

Ms. Bourbouse – Continued the update with the priorities for the plan, provided an explanation of how they came up with the priority list and reviewed early detection and screening.

Mr. Ramirez – Asked ... does this (Breast cancer) include reservations? Population?

Ms. Bourbouse Replied that she would check on it and would report back during the next meeting. The review continued ... Chronic Obstructive Pulmonary Disease including unmet needs; Primary Prevention; Cardiovascular Disease Plan including current initiatives and activities; Policy Development (would like to have a policy paper from a third party) and

Special Projects (seed money for some populations that are suffering from various disparities).

Mr. Ramirez – Asked ... is there an avenue for community education in the health area that is not delivered by state health officials? STEPS ... not all of our clients are being reached. How can we educate?

Mr. Madonna – Replied ... Mr. Ramirez, if this becomes a RFP, you could write a proposal to target those populations. What we have in front of us is what we requested in our last meeting.

Ms. Bailey – Asked ... could we list the populations that we are interested in by ethnic group in the disparities section?

Ms. Bourbouse Replied ... break it down, yes.

Mr. Madonna – Suggested that members provide feedback regarding the six areas; basically, the six RFP(s).

Mr. Leischow – Reminded the members that there might be just one RFP issued.

Mr. Madonna – Asked ... if anybody would be missed in terms of how it is distributed?

Mr. Leischow Replied ... I hear what you are saying and I don't know. I will talk to procurement.

Mr. Madonna – Expressed his desire that the largest numbers of people have access, be exposed too.

Mr. Leischow – Stated ... a person can always be added to the vendor's list.

Dr. Miller – Asked ... is it permissible for other organizations that are receiving state funding to compete for these? Is it possible to setup part of the RFP process so that it is not just funding for a program but it is basically, matched funding to expand the pot. Many of these objectives are suppose to be met by health care service agencies that are actually delivering the in-care products. They would say that they do not have the funding to do all this. It might be helpful to try to develop some partnerships. Maybe with additional funding (funding to deliver the exact pieces that these priorities are stipulating) and oversight, they may be able to do better?

Mr. Leischow – Explained that the "other" category offers mini-grants, which provides additional opportunity.

Mr. Madonna – Asked about "matching funds" and about giving extra credit, points?

Mr. Ramirez – Stated that you have to be very careful here. Miscommunication can lead to you not being able to get the money. You have to ask if it is allowed. If not, you can lose it.

Mr. Valenzuela – Agreed ... that Mr. Ramirez is correct. You need to be careful.

Mr. Madonna – Stated that Bob, Janet, Patricia, and himself should put this down for a future discussion regarding out-of-state funders, working with other funders in the state, i.e. CDC funder and tie this to the sustainability piece as well whoever is funded, you could provide some technical assistance to create that linkage with the foundation.

Dr. Nayeri – Asked ... why can't you develop a resource list?

Mr. Madonna – Agreed ... that is a good point.

Mr. Davis – Asked ... are any of these tied to policy to give people incentive? Can we have a third track ... to increase the usage rate of these types of screenings? People don't show up. We need policies around financial or other incentives to get people in.

Mr. Madonna – Stated that that is a part of the challenge to someone who is coming to the table for this money; they have to show the screeners that they are going to be able to get people here. Is that policy? Is that incentive planning? They have to prove that they can get people in.

Mr. Ramirez – Commented that you have to go to where they are going. They are going to small health clinics; they are going to community action agencies; they are going to other areas that are dealing with the people, a lot of the tribal areas. We have to go into the community fields.

Dr. Miller – Stated that I think we are talking about different populations.

Mr. Davis: Asked are employees paying attention to rising health care cost reflected on their paychecks?

Mr. Davis – Replied ... they are starting with the Health Risk Assessment.

Mr. Davis – Stated that the value is really being driven by the employer's. They are saying that we can't continue to pay the increase in cost of health care and we can not do it with a carrot any longer. We cannot afford it any longer. The value that is translated back into them and translates into what I provide is earlier intervention. If cultural, there is resistance to that because of how the message is communicated, that is exactly what I am trying to get at with my comment about lets study the phenomenon on why it is not occurring: lack of incentive, communication challenge. Lets figure out a way to increase the resources that we have today.

Ms. Hall – Stated and asked Ms. Bourbouse ... on number 2, Primary Prevention under Cardiovascular Disease Plan, can we just say prevention instead of secondary prevention?

Ms. Bourbouse – Replied ... we can just say, “prevention.”

Mr. Madonna – Asked the TRUST members if they were satisfied with the recommended priorities that will drive the funding for the next one to three years in the Chronic Disease program?

Mr. Madonna – Requested a motion from the members to approve the priorities as presented. Motioned carried.

Mr. Madonna – Confirmed ... these are the priorities. Next month, we will come back to the next phase ... funding priorities.

Public Commentary

Ms. Harper Stated that the 303 lay out the top four priorities: cardiovascular disease, cancer, stroke, and lung. We appreciate the focus on stroke; we feel there should be a focus also on cardiovascular disease that has just been changed to Healthy Lifestyles. I don't think we should totally pull away from CVC disease. I am concerned about the 20% number. The number that we are working off of is 25% by 2010.

Mr. Madonna – Replied ... if it is a typo, we will correct it.

Meeting Evaluation and Agenda Planning

Members reviewed meeting format.

Mr. Madonna – questioned absent member's attendance. Does anyone know Violet? I will call her. Rosa has had some clinic difficulties and Bertha is on vacation.

Mr. Madonna – I will accept the **motion to adjourn** at 2:04 pm. Motion carried.

September 14, 2005 TRUST Meeting Items

► August 10 meeting items that need a response at the September meeting:

1. Patricia Tarango, Teresa Koehler ... Confirm September meeting location with Benton Davis.
2. Patricia Tarango, Teresa Koehler ... Sent up telephone conference for September meeting and send out visuals to members.
3. Patricia Tarango ... Talk to Danny Valenzuela about additional parking for members.
4. Patricia Tarango, Teresa Koehler ... Can we split the video conferencing so that we have one 2-hour session before lunch and one 2-hour session after lunch.
5. Patricia Tarango, Teresa Koehler ... Provide quarterly financial statements that identify trends, variances as well as revenues (both actual and projected) and expenses (both actual and projected). As necessary provide an explanation, evaluation when significant differences occur.
6. Janet Bourbouse ... Does this (Breast Cancer) include reservations?
7. Janet Bourbouse ... Break down the list of the populations by ethnic group in the disparities section.
8. Bob Leischow ... will anybody get missed in terms of how it is distributed; I will check with Procurement.
9. Janet Bourbouse ... Primary Prevention under Cardiovascular Disease Plan change “secondary prevention” to “prevention”.
10. Janet Bourbouse ... check on the 20% figure. Ms. Harper believes it should be 25%.
11. Matt Madonna ... call Violet.

► September 14, 2005 new agenda items:

1. Patricia Tarango, Teresa Koehler ... add new standing agenda item for meeting evaluation and agenda planning.
2. TRUST members ... resolve travel or not-travel including site visit issue.
3. TRUST members ... resolve video and telephone conferencing issue.
4. Robbin Brooks, JR Jeoffroy ... cultural competence, cultural standards
5. Chronic Disease Plan ... next phase is funding.

► October 12, 2005 new agenda items:

1. Chronic Disease ... add the three contractors who will be presenting (20 minutes time limit).

The TRUST Commission is a public meeting. In compliance with the State’s open meetings laws, the recorded minutes for the August 10 TRUST Commission meeting are available to the public three working days after the meeting. Please contact the TRUST Coordinator at the Office of Tobacco Education and Prevention Program, 602-364-0824, to make arrangements to hear the recorder minutes.

Patricia Tarango
Office Chief
Office of Tobacco Education and Prevention Program
Arizona Department of Health Services